
INTERVIEW PARTICIPANT CONSENT FORM**Tracking Change in the Mackenzie River Basin*****Research Lead / Organization***

[CONTACT LEAD / ORGANIZATION]
[ADDRESS]
[PHONE]
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Principal Investigator

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	<u>Yes</u>	<u>No</u>
Do you understand that you have been asked to be in a research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you read and received a copy of the attached Information Sheet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand the benefits and risks involved in taking part in this research study?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had an opportunity to ask questions and discuss this study?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you are free to leave the study at any time, without having to give a reason?	<input type="checkbox"/>	<input type="checkbox"/>
Has the issue of confidentiality been explained to you?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the interview?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the interview being audio recorded?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the interview being video recorded?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the results of the interview being stored with [ORGANIZATION]?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the results of the interview being stored at the University of Alberta?	<input type="checkbox"/>	<input type="checkbox"/>
Would you like your name to be included in the public use of information from your interview?	<input type="checkbox"/>	<input type="checkbox"/>
Who explained this study to you? _____		

I agree to take part in this study:

Signature of Research Participant _____

(Printed Name) _____

Date: _____

Signature of Witness _____

Only required if you anticipate that your participants will be unable to read the consent for themselves. If so, an impartial witness (i.e. not associated with the study team) must be present during the entire informed consent discussion and is witnessing that the participant understood what was discussed (i.e. not just witnessing the signature process).

I believe that the person signing this form understands what is involved in the study and voluntarily agrees to participate.

Signature of Investigator or Designee _____

Date _____

If you require additional information or have any concerns about this project, please contact:

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The plan for this study has been reviewed for its adherence to ethical guidelines by a Research Ethics Board at the University of Alberta. It has been approved under REB #: Pro00094722. For questions regarding participant rights and ethical conduct of research, contact the Research Ethics Office at (780) 492-2615